

# DRAFT

## **MANAGED RISK MEDICAL INSURANCE BOARD Healthy Families Program Advisory Panel Summary Meeting May 4, 2004 Sacramento, California**

Panel Members Present: Jack Campana, Heather Bonser-Bishop, Mike Kirkpatrick, Iantha Thompson, Jose Carvajal, Barbara Clifton-Zarate, Martha Jazo-Bajet, Ellen Beck, M.D., Leonard Kutnik, M.D., Margaret Jacobs

Staff Present: Lesley Cummings, Irma Michel, Janette Lopez, Teresa Smanio, Vallita Lewis, Caroline Castaneda, Laura Gutierrez

### **Introductions**

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened by introducing himself and asking the Panel members, staff and the audience to introduce themselves.

### **Welcome New Panel Members and Administer Oath of Office**

Mr. Campana stated that MRMIB had appointed a member to the panel, Barbara Clifton-Zarate, representing subscribers. Irma Michel, Deputy Director of Eligibility, Enrollment and Marketing for MRMIB administered the oath of office to Ms. Clifton-Zarate.

### **Review and Approval of the February 3, 2004 HFP Advisory Panel Meeting Summary**

The following correction was made to the fourth paragraph, fourth sentence on page 9:

“Dr. Beck made a motion that the Panel write a letter to the Board and other state agencies ~~condemning~~ to oppose the cap on HFP enrollment and the destruction of the safety net.”

The Panel approved the February 3, 2004 HFP Advisory Panel Meeting Summary.

## **HFP Advisory Panel Vacancies**

The following four Panel positions will be vacant as of July 1, 2004:

- Subscriber
- Family Practice Physician
- Disproportionate Share Hospital
- County Public Health

Jack Campana encouraged members to spread word about these upcoming vacancies. Applications are due to MRMIB by June 6, 2004.

Jack Campana also spoke on the letter the HFP Advisory Panel sent out to legislators, the Board and the Governor against the cap on the Healthy Families Program.

## **Budget Update**

Lesley Cummings, Executive Director for MRMIB presented a chart showing the status of budget actions as of April 28, 2004. Among other actions, she reported that :

- Both Senate and Assembly budget subcommittees reject the proposed cap on HFP Enrollment.
- Both the Senate and Assembly budget subcommittees rejected the proposed Legal Immigrant Block Grant.
- The Assembly budget subcommittee rejected the Two-Tiered Benefits Proposal. The Senate deleted the proposal from the budget process and directed Administration to present proposal in a policy bill.
- The Senate subcommittee deleted funds for the Consumer Assessment of Health Plans Survey (CAHPs).

## **Legislative Update**

Teresa Smanio, MRMIB's legislative coordinator reviewed the State legislative status report. Ms. Smanio summarized several bills that impact the HFP.

Advisory Panel members had comments on one of these bills, AB 527-Leno. This bill, sponsored by the Hotel and Restaurant Employees, proposes to establish the Native American Tribal Casino Employee Health Protection and Portability Program whereby casino employers may provide health coverage to employees and dependents through a purchasing pool administered by the California Health and Human Services Agency (CHHS). The bill prohibits employers from seeking

information on casino employees' income or eligibility for public health benefits such as Medi-Cal, HFP, and AIM and makes doing so a violation of the Fair Employment and Housing Act. Heather Bonser-Bishop expressed concern that referrals to public programs should be encouraged rather than discouraged and that this prohibition would set a bad precedence.

Lesley Cummings commented that some stakeholders were increasingly concerned that the presence of public health coverage programs reduced employer responsibility to provide coverage. She noted that MRMIB has not taken a position on this bill.

Mike Kirkpatrick said that this is an example of the on-going "crowd-out" concern that has been expressed at the Federal level from the beginning of the HFP but is now being expressed by unions. Ms. Bonser-Bishop stated that Humboldt County would be greatly affected by this bill and that a major outreach effort is being conducted to enroll casino employee's children in the HFP. Mike Kirkpatrick stated that the bill does not discourage others from conducting outreach; it just does not allow the employer to ask employees for eligibility information for public programs.

Teresa also presented, AB 1927-Cohn, sponsored by the California Primary Care Association and California Optometric Association. The bill prohibits a specialized health plan that provides vision care services from discriminating against clinics that provide vision care services and makes a plan determined by DMHC to have "discriminated" against clinics ineligible to receive any funds under the HFP or Medi-Cal. MRMIB staff recommended an "oppose unless amended" position on this provision of the bill to remove the HFP and the bill was amended as requested.

MRMIB supports SB 1196-Cedillo which requires counties to forward the National School Lunch Program applications to the HFP and any "relevant" county- or local-sponsored health insurance program when the pupil is determined ineligible for Medi-Cal and the parent has provided consent to forward their information to the HFP. The bill allows MRMIB and county- and local-sponsored health programs to use the EE application to make an eligibility determination for those programs.

### **CHDP Gateway Application Report**

Irma Michel reviewed the CHDP Gateway Application Report handout. Ms. Michel stated that this information was a report on the mail-in applications that came through the Single Point of Entry (SPE) from July 2003 through October 2003 and January 2004, and were able to be identified as entering at the CHDP Gateway.

Ms. Michel stated that between July 2003 through October 2003, 151,000 applications had been mailed out from DHS to families who had entered through the CHDP gateway. About 11,410 applications were returned to the SPE. The number of applications sent to the County for Medi-Cal were 7,438; 3,220 were sent to HFP and 752 applications were sent to both. The applications sent to HFP sought coverage for 4,864 children. Only 1,105 children had complete applications and were enrolled. There were 3,596 children denied due to incomplete applications. The main reason for the application being incomplete was 41% had missing documentation. Ms. Michel also presented similar information for January 2004.

Dr. Beck asked if MRMIB can identify children that come into the program within 6 months after they receive the application. Ms. Michel stated that she may be able to provide that information from January 2004 forward. Dr. Beck requested that MRMIB consider including letters notifying subscribers of incomplete applications, a telephone number of either consumer centers or community based organizations in their county that could assist families in making their application complete. Ms. Michel stated that she would assess whether this would be possible.

Margaret Jacobs asked if there is any trend in what documents are missing. Ms. Michel stated that the majority is income documentation.

### **Medi-Cal Restructuring**

David Topp, ex officio member of the Board and MRMIB's Assistant Secretary at CHHSA, reported on the Department of Health Services (DHS) efforts to-date to redesign the Medi-Cal program. Medi-Cal has become a very significant cost to the state. This has been through program expansions and increased accessibility to citizens. Both the Governor and Secretary Belshe stated that the State should maintain Medi-Cal's eligibility level for services, especially to children. However, the program needs to become more effective.

This is why the Administration has called for a redesign of the program. Its objectives are to continue services to children, encourage personal responsibility, promote work participation, and improve effectiveness and accountability. DHS has discussed with the Centers for Medicare and Medicaid Services (CMS), the State's desire to obtain a large, comprehensive 1115 waiver that would present the state with significant flexibility.

Mr. Topp noted that the timetable for the redesign is quite aggressive. Because the Administration wants stakeholder input in designing the waiver, five stakeholder work groups were formed in January and February. He described the various responsibilities of the five groups and the meetings they have held. The California Health Care Foundation (CHCF) is also providing valuable

resources, having funded a facilitator and maintaining a special website. Those interested can track the progress and make comments on HHSA's website at [www.mcreform@dhs.ca.gov](mailto:www.mcreform@dhs.ca.gov) and CHCF's website at [www.medi-calredesign.org](http://www.medi-calredesign.org).

Mr. Topp indicated that the proposal was a work in progress and that they administration would put together a proposal for the May revise and this proposal would seek authorization from the legislature to pursue an 1115 waiver from CMS in the fall. Approval from CMS would be sought in winter, with implementation in phases beginning July 2005.

### **AB 495 Update**

Janette Lopez, Manager for Eligibility, Enrollment and Marketing Division stated that in the early years of the Healthy Families Program, California did not use all of the allocated federal funds. As a result, the Center for Medicaid and Medicare Services (CMS) distributed the unused allotment to other states that had. In an effort to retain more of the federal allotment in California, AB 495 was passed which provided the legislative authority to develop and submit a State Plan Amendment (SPA) for local governments to claim federal S-CHIP funds for children enrolled in local Healthy Kids Programs with household incomes between 250% - 300% of the federal income guidelines. There are four Healthy Kids Programs cited in the SPA (Santa Clara, San Mateo, Alameda and San Francisco).

The SPA consist of three components:

- 1) consolidation of 12 prior SPAs,
- 2) additional funding for the Access for Infants and Mother (AIM) Program due to program changes. Infants born to mothers enrolled in AIM on or after July 1, 2004 will be automatically enrolled in the HFP. For these children, the SPA seeks FFP for those with family income up to 300% of the federal income guidelines;
- 3) the ability to use county funds to match federal SCHIP funds for children with family income between 250% - 300% of the federal income guidelines who are in the four counties' Healthy Kids Programs.

The SPA was originally submitted in March 2003. CMS stopped the review clock on May 15, 2003 and June 12, 2003 with extensive concerns and questions. These two letters required extensive redesign of the county projects and redrafting of the SPA. On March 9, 2004 MRMIB resubmitted the redrafted SPA. CMS stopped the review clock again on March 18, 2004 and May 4, 2004. CMS currently is in their final stage of review. MRMIB anticipates a final response in early June 2004.

## **Enrollment, Disenrollment and Single Point of Entry Reports**

Irma Michel reported that there were 27,972 children newly enrolled in the HFP in the month of March 2004. She reviewed the enrollment data that included the ethnicity and gender of subscribers, the top five counties in enrollment, SPE statistics and the breakdown of applications processed with assistance 18.6% and without assistance 81.4%. She stated the program is seeing more incomplete applications. Some are so incomplete that the application can not even get through SPE. These incomplete applications are taking about 2-3 months longer to process.

Ms. Michel also reviewed disenrollment data. She explained that the March AER disenrollments total included 3 months worth of disenrollments of children who were not disenrolled in January and February due to a system error. Dr. Beck stated that disenrollment for nonpayments of premiums had gone up. Ms. Michel stated that MRMIB staff is reviewing all procedures and processes with MAXIMUS to determine why this might be the case.

Ms. Maria Perez-Flatt from Universal Care stated her concern about applications not being processed and documents not being matched to application. She stated she had 5 cases recently with this problem. There are also problems with refunds and a communication problem with MAXIMUS. Members are feeling misrepresented and frustrated.

Jack Campana requested that someone from MAXIMUS attend the next Advisory Panel meeting and explain why this is happening. Janette Lopez stated that MRMIB is working with health plans to identify issues. MRMIB is very committed to all members and is resolving issues as quickly as possible. Another meeting with the health plans is scheduled for June. Consumer advocates have also identified some issues with transition implementation. Staff has begun conducting audits in the different areas in MAXIMUS to determine what kind of changes need to be made. Mr. Campana requested a report in August on why there has been an increase in disenrollments for non-payments.

Mr. Campana made a motion that a telephone number be included in the letter notifying applicants of an incomplete application informing applicant on where they can receive assistance in their county (when it is available). MRMIB will try to find the right telephone to refer applicants. Dr. Beck identified Consumer Center for Health Advocacy as a good statewide telephone number for assistance.

## **Peds QL Health Status Assessment Report**

Lesley Cummings, presented a report on health outcome of Healthy Families children after 2 years of enrollment in HFP. Data on outcome came as a result of a three year project generously funded by the Packard Foundation. The project assessed health status of children entering the HFP versus first year and second year of enrollment. Ms. Cummings reviewed Exhibit A, which contained a copy of the survey used to assess health status (Peds QL). It was mailed in 5 languages; Chinese, Spanish, Vietnamese, Cantonese, and Korean.

Results from this project showed:

- Dramatic, sustained improvements in health status for the children in the poorest health.
- Significant, sustained increases in children paying attention in class and keeping up in school activities.
- Increased access to care and reduced foregone health care for children in the poorest health and the population at large.
- A lack of significant variation by race and language in reports of no foregone care—the most significant variable associated with access.
- High response rate.

The most significant improvements occurred after one year of enrollment in the program. These gains were sustained through the second year of enrollment.

Noting that schools are key partners, Martha Jazo-Bajet, asked if the results had been sent to them? Ms. Cummings replied that it had, through Teachers for Healthy Kids. Janette Lopez stated California Endowment maybe able to fund distribution of this report to schools in California. Iantha Thompson stated county government Boards of Supervisors also needed to see these results.

## **2004 Reports of Health and Dental Plans Consumer Satisfaction Surveys**

Vallita Lewis, Program Development and Evaluation Manager in the Benefits Division, summarized results from the fourth annual consumer survey for the HFP health plans and the third annual dental consumer satisfaction survey. The Child Medicaid version of the Consumer Assessment of Health Plan Survey (CAHPS) questionnaire was used. The questionnaire contained questions pertaining to nine aspects of care. The survey was conducted in five languages—English, Spanish, Cantonese, Korean and Vietnamese. The number of families selected for the surveys from each health and dental plan was 900. The results of the health plan survey indicated that for the overall ratings, a large majority of HFP families gave their *Health Care, Health Plan, and Personal Doctor (or Nurse)* a high rating (at least an 8 on a 10 point scale). The rating of *Health Plan* had the highest achievement score for 2003. The rating of *Specialist* had the lowest achievement score for 2003. However, Ms. Lewis noted that firm

conclusions cannot be made regarding the Specialist rating because the number of responses was significantly lower than for other ratings. Margaret Jacob stated that the *Specialist* score may be affected by the fact that subscribers are accessing specialists through the California Children's Services (CCS) Program. Dr. Ellen Beck commented that it maybe one particular specialty driving down the rating. Lesley Cummings reminded the Panel that the legislature might eliminate funding for 2004-2005. For the composite scores, *How Well Doctor's Communicate* had the highest number of positive responses for 2003 (87 percent). *Getting Care Quickly* and *Customer Service* had less than 80 percent of families responding positively and draw attention to areas for future improvement by the health plans.

Ms. Lewis also noted that the consumer survey of health plans included a new supplemental survey to assess the experiences that subscribers with chronic medical conditions had with their plans. The sample included 2,225 children (including over 1,300 children who had received services through CCS. The CCC population gave a slightly more favorable rating than the HFP population for *Getting Care Quickly* and *How Well Doctors Communicate*. However, there were major differences in scores between the two populations in the category of *Getting Needed Care*, with the CCC population giving a much lower rating. Dr. Leonard Kutnik stated that CCS services are very county-specific as to the quality. Martha Jazo-Bajet stated some CCS conditions are acute versus chronic and questioned whether any attention was given to the child's diagnosis when selecting the sample for the supplemental survey. Vallita Lewis stated that the sample was randomly selected.

Overall, the survey results indicate that families continue to have positive experiences with their health plans. Jack Campana asked how the HFP ratings compare with the open market. Ms. Lewis stated that the overall ratings are comparable to National SCHIP and National Child Medicaid and in some areas the program's performance is better. A future program goal is to implement a quality improvement project that identifies best practices of the highest performing health plans and then share this information with participating plans in order to facilitate improvements of those plans with the poorest performance.

Vallita Lewis stated that the Report of Consumer Satisfaction Survey of Dental Plans was formatted like the health plans survey. Jack Campana asked whether there were significant results of the dental survey. Lesley Cummings stated that the subscribers are much happier with the non-capitated dental plans. Similar to last year's dental survey results, the open access exclusive provider organization (EPO) dental plans had higher scores than the dental maintenance organization (DMO) plans. However, further study is required to understand the dramatic differences in these results.

Jack Campana asked if there is a group advocating for keeping the surveys in the budget, at least for every 2 years or so. Dr. Leonard Kutnik and Dr. Ellen



Beck commented that they would like to advocate for 2004/2005 funding to follow-up on specific data, which is different than conducting a new survey. Lesley Cummings indicated that she wasn't sure that the Senate Subcommittee that had deleted the funds was interested in alternate expenditure plans.

### **2003 Federal Annual Report**

Vallita Lewis presented the 2003 Federal Annual Report to the Panel. She stated that in order to comply with Title XXI, MRMIB is required to provide the federal government with a report on the state's implementation of the Children's Health Insurance Program. Much of the information compiled in the Federal Annual Report should be familiar to the Panel as it summarizes data presented to the Board and released to the public in separate reports during the past year. Specifically, the Federal Annual Report contains information regarding program changes, strategic objectives and performance goals, enrollment trends, program financing, challenges faced by the program and accomplishments achieved. Lesley Cummings directed the Panel to pages 31 and 32 of the Report for a summary of the specific program challenges and accomplishments cited. Some of the challenges included the implementation of budget reductions, the elimination of funds for Certified Application Assistants and the operational challenges involved in transitioning to a new administrative vendor. Accomplishments included the streamlining of the eligibility screening and enrollment processes and AB 495 expansion.

### **Future Meeting Dates**

Irma Michel announced the following meeting dates:

August 3, 2004 in Sacramento

November 2, 2004 in Sacramento